

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579939

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
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17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
23		1				
24		2				
25		0				
26		0				
27		0				
28		0				
29		0				
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38		0				
39		0				
40		0				
41		0				
42	1					
43		1				
44	1					
45						
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47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	42	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						